

**MULTIPLE DEPENDENT CLAIM  
FEE SCHEDULE SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL **10/522601** FILING DATE  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/	/		
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TOTAL CLAIMS			15			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
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TOTAL DEP.	←			←		←
TOTAL CLAIMS						